



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First Street

City: New Albany

County: IN

Administrator Name: Rebecca Reed

Administrator Email: rebeccareed@eyesurgeryna.com

ASC Web Address: www.eyesurgeryna.com

Fiscal Year: 2019

Accredited:  Yes  No

Name of Accrediting Body: AAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5,671	8,166
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	4953	
66821	486	
66982	178	
66711	127	
65820	79	
66761	53	
019IT	49	

65756	44
65400	41
65426	21

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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